

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006714

1. Entity Name

CHOICE HEALTH ALLIANCE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90115 039 ****61.25

Principal Place of Business Mailing Address
C/O UNIVERSITY COMMUNITY HOSPITAL C/O UNIVERSITY COMMUNITY HOSPITAL
3100 EAST FLETCHER AVENUE 3100 EAST FLETCHER AVENUE
TAMPA FL 33613-4688 TAMPA FL 33613-4613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3562343

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input type="checkbox"/> Delete
NAME	JERNIGAN, DONALD L	
STREET ADDRESS	111 N. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789-3675	
TITLE	BAS	<input type="checkbox"/> Delete
NAME	JOHNSON, SANDRA K	
STREET ADDRESS	111 N. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789-3675	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SNYDER, BRENT G	
STREET ADDRESS	111 N. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789-3675	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	LIGHTFOOT, KENNETH	
STREET ADDRESS	9385 N. 56TH ST #202	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STEIN, NORM	
STREET ADDRESS	3100 E. FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MASON, DEBORAH	
STREET ADDRESS	3100 E. FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SHIMBERG, JAMES H.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWN 'N COUNTRY PARK, INC.	
STREET ADDRESS	611 WEST BAY STREET	
CITY-ST-ZIP	TAMPA, FL 33606	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

(813) 971-6000

CR2E037 (9/99)